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* * * * * * * * * *  Welcome to STN International  * * * * * * * * * *

 NEWS  1          Web Page for STN Seminar Schedule - N. America
 NEWS  2  NOV 21  CAS patent coverage to include exemplified prophetic
                  substances identified in English-, French-, German-,
                  and Japanese-language basic patents from 2004-present
 NEWS  3  NOV 26  MARPAT enhanced with FSORT command
 NEWS  4  NOV 26  MEDLINE year-end processing temporarily halts
                  availability of new fully-indexed citations
 NEWS  5  NOV 26  CHEMSAFE now available on STN Easy
 NEWS  6  NOV 26  Two new SET commands increase convenience of STN
                  searching
 NEWS  7  DEC 01  ChemPort single article sales feature unavailable
 NEWS  8  DEC 12  GBFULL now offers single source for full-text
                  coverage of complete UK patent families
 NEWS  9  DEC 17  Fifty-one pharmaceutical ingredients added to PS
 NEWS 10  JAN 06  The retention policy for unread STNmail messages
                  will change in 2009 for STN-Columbus and STN-Tokyo
 NEWS 11  JAN 07  WPIDS, WPINDEX, and WPIX enhanced Japanese Patent
                  Classification Data

 NEWS EXPRESS JUNE 27 08 CURRENT WINDOWS VERSION IS V8.3,
              AND CURRENT DISCOVER FILE IS DATED 23 JUNE 2008.

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FILE 'HOME' ENTERED AT 13:42:10 ON 14 JAN 2009

=> file reg
COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                       ENTRY    SESSION
FULL ESTIMATED COST                                     0.22       0.22

FILE 'REGISTRY' ENTERED AT 13:42:34 ON 14 JAN 2009
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STRUCTURE FILE UPDATES: 13 JAN 2009 HIGHEST RN 1093565-88-8
DICTIONARY FILE UPDATES: 13 JAN 2009 HIGHEST RN 1093565-88-8

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TSCA INFORMATION NOW CURRENT THROUGH July 5, 2008.

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predicted properties as well as tags indicating availability of
experimental property data in the original document. For information
on property searching in REGISTRY, refer to:

http://www.cas.org/support/stngen/stndoc/properties.html

=> s STAPPAHGVTSAPDTRPAPGSTAPP/sqsp
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L2   1 STAPPAHGVTSAPDTRPAPGSTAPP/SQEP
              (STAPPAHGVTSAPDTRPAPGSTAPP/SQEP AND SQL=25)

=> file caplus
COST IN U.S. DOLLARS   SINCE FILE   TOTAL
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FULL ESTIMATED COST   39.88   40.10

FILE 'CAPLUS' ENTERED AT 13:42:59 ON 14 JAN 2009
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FILE COVERS 1907 - 14 Jan 2009 VOL 150 ISS 3
FILE LAST UPDATED: 13 Jan 2009 (20090113/ED)

Caplus now includes complete International Patent Classification (IPC)
reclassification data for the third quarter of 2008.

Effective October 17, 2005, revised CAS Information Use Policies apply.
They are available for your review at:

http://www.cas.org/legal/infopolicy.html

```
=> s l2
L3          13 L2

=> s cancer? or neoplas? or tumor?
        407059 CANCER?
        575137 NEOPLAS?
        547640 TUMOR?
L4      910878 CANCER? OR NEOPLAS? OR TUMOR?

=> s l3 and l4
L5          12 L3 AND L4

=> s l5 not py>2003
       6725663 PY>2003
L6           4 L5 NOT PY>2003

=> d ibib abs 1-4

L6   ANSWER 1 OF 4  CAPLUS  COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER:         2003:2927  CAPLUS
DOCUMENT NUMBER:          138:203488
TITLE:                    Mucin 1-Specific Immunotherapy in a Mouse Model of
                          Spontaneous Breast Cancer
AUTHOR(S):                Mukherjee, Pinku; Madsen, Cathy S.; Ginardi, Amelia
                          R.; Tinder, Teresa L.; Jacobs, Fred; Parker, Joanne;
                          Agrawal, Babita; Longenecker, B. Michael; Gendler,
                          Sandra J.
CORPORATE SOURCE:         Department of Biochemistry and Molecular Biology, Mayo
                          Clinic Scottsdale, Scottsdale, AZ, USA
SOURCE:                   Journal of Immunotherapy (2003), 26(1), 47-62
                          CODEN: JOIMF8; ISSN: 1524-9557
PUBLISHER:                Lippincott Williams & Wilkins
DOCUMENT TYPE:            Journal
LANGUAGE:                 English
AB   Human mucin 1 (MUC1) is an epithelial mucin glycoprotein that is
     overexpressed in 90% of all adenocarcinomas including breast, lung,
     pancreas, prostate, stomach, colon, and ovary.  MUC1 is a target for
     immune intervention, because, in patients with solid adenocarcinomas,
     low-level cellular and humoral immune responses to MUC1 have been observed,
     which are not sufficiently strong to eradicate the growing tumor
     .  The hypothesis for this study is that enhancing MUC1-specific immunity
     will result in antitumor immunity.  To test this, the authors have
     developed a clin. relevant breast cancer model that demonstrates
     peripheral and central tolerance to MUC1 and develops spontaneous
     tumors of the mammary gland.  In these mice, the authors tested a
     vaccine formulation comprised of liposomal-MUC1 lipopeptide and human
     recombinant interleukin-2.  Results indicate that when compared with
     untreated mice, immunized mice develop T cells that express intracellular
     IFN-γ, are reactive with MHC class I H-2Db /MUC1 tetramer, and are
     cytotoxic against MUC1-expressing tumor cells in vitro.  The
     presence of MUC1-specific CTL did not translate into a clin. response as
     measured by time of tumor onset, tumor burden, and
     survival.  The authors demonstrate that some of the immune-evasion
     mechanisms used by the tumor cells include downregulation of
     MHC-class I mol., expression of TGF-β2, and decrease in IFN-γ
     -expressing effector T cells as tumors progress.  Finally,
     utilizing an injectable breast cancer model, the authors show
     that targeting a single tumor antigen may not be an effective
     antitumor treatment, but that immunization with dendritic cells fed with
     whole tumor lysate is effective in breaking tolerance and
```

protecting mice from subsequent tumor challenge. A physiol. relevant spontaneous breast cancer model has been developed to test improved immunotherapeutic approaches.
REFERENCE COUNT: 47 THERE ARE 47 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L6 ANSWER 2 OF 4 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2001:160824 CAPLUS
DOCUMENT NUMBER: 135:179179
TITLE: Technology evaluation: BLP-25, Biomira Inc
AUTHOR(S): Morse, Michael A.
CORPORATE SOURCE: Department of Medicine, Duke University Medical Center, Durham, NC, 27710, USA
SOURCE: Current Opinion in Molecular Therapeutics (2001), 3(1), 102-105
CODEN: CUOTFO; ISSN: 1464-8431
PUBLISHER: PharmaPress Ltd.
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English
AB A review with many refs. Biomira is developing the MUC-1 peptide-based vaccine BLP-25 for the potential treatment of cancer. It is in phase II trials for nonsmall cell lung cancer (NSCLC). The MUC-1 mucin secreted by cancer cells has been shown to decrease the activity of certain immune response cells, including killer T-cells, and can inhibit the immune T-cell response by > 70%. BLP-25 is designed to target an immune response to the MUC-1 mucin that is shown by > 90% of common solid tumors. The introduction of IL-2 reverses the T-cell suppression caused by MUC-1 mucin, and enhances the cellular immune response > 100-fold. Biomira has been incorporating IL-2 into a liposomal delivery system for BLP-25. In late 1998, Biomira entered into a research collaboration with Axis Genetics. The collaboration will assess the further potential of therapeutic cancer vaccines against MUC-1. Each company has developed a vaccine targeting the MUC-1 peptide and Biomira will be evaluating Axis's vaccine in preclin. trials. In Dec. 1996, Biomira signed a licensing agreement whereby it was granted the rights to use Dana-Farber Cancer Institute's two US patents relating to MUC-1 (based on pioneering work at the Institute on the identification of cell-surface mols. that are characteristic of cancer cells) for peptide-based cancer vaccines.
REFERENCE COUNT: 24 THERE ARE 24 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L6 ANSWER 3 OF 4 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1999:60413 CAPLUS
DOCUMENT NUMBER: 130:236165
TITLE: Rapid induction of primary human CD4+ and CD8+ T cell responses against cancer-associated MUC1 peptide epitopes
AUTHOR(S): Agrawal, Babita; Krantz, Mark J.; Reddish, Mark A.; Longenecker, B. Michael
CORPORATE SOURCE: Biomira Inc., Edmonton, AB, T6N 1H1, Can.
SOURCE: International Immunology (1998), 10(12), 1907-1916
CODEN: INIMEN; ISSN: 0953-8178
PUBLISHER: Oxford University Press
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Antigen-specific MHC class II- and class I-restricted helper and cytotoxic T cell responses are important anti-cancer immune responses. MUC1 mucin is a potentially important target for immunotherapy because of its high expression on most human adenocarcinomas. MUC1 peptide-specific type 1 T cell responses were generated in vitro using human peripheral blood lymphocytes (PBL), incubated with liposomes containing synthetic MUC1

lipopeptide antigen. Only two weekly stimulations with the liposomal MUC1 formulation led to the generation of potent anti-MUC1-specific T cell proliferation as well as class 1-restricted cytotoxic responses. Thus the use of PBL pulsed with liposome-encapsulated antigen provides an effective approach of rapidly generating effective antigen-presenting cell (APC) function as well as antigen specific T cells in vitro. It may be feasible to use this technol. for the rapid and effective generation of APC and/or T cells as cellular vaccines for adenocarcinomas.

REFERENCE COUNT: 24 THERE ARE 24 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L6 ANSWER 4 OF 4 CAPLUS COPYRIGHT 2009 ACS on STN

ACCESSION NUMBER: 1998:402488 CAPLUS

DOCUMENT NUMBER: 129:113409

ORIGINAL REFERENCE NO.: 129:23183a

TITLE: Liposomal formulations of synthetic MUC1 peptides: effects of encapsulation versus surface display of peptides on immune responses

AUTHOR(S): Guan, Holly H.; Budzynski, Wladyslaw; Koganty, R. Rao; Krantz, Mark J.; Reddish, Mark A.; Rogers, James A.; Longenecker, B. Michael; Samuel, John

CORPORATE SOURCE: Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta, Edmonton, AB, T6G 2N8, Can.

SOURCE: Bioconjugate Chemistry (1998), 9(4), 451-458
CODEN: BCCHES; ISSN: 1043-1802

PUBLISHER: American Chemical Society

DOCUMENT TYPE: Journal

LANGUAGE: English

AB Synthetic human MUC1 peptides are important candidates for therapeutic cancer vaccines. To explore whether a human MUC1 peptide BP25 (STAPPAHGVTSAPDTRPAPGSTAPP) can be rendered immunogenic by incorporation in liposomes, the effects of phys. association of the peptide with liposomes on immune responses were investigated. Lipid conjugated and nonconjugated MUC1 peptides were incorporated in liposomes with a composition of distearoylphosphaphosphatidylcholine/cholesterol/dimyristoylphosphatidylglycerol (3p1:0.25, molar ratio) containing monophosphoryl lipid A (1% weight/weight of the total lipids). Liposomes were characterized for peptide retention by HPLC and for surface peptide display of MUC1 epitopes by flow cytometry. C57BL/6 mice were immunized with lipopeptide alone, peptide mixed with peptide-free liposomes, and peptide associated with liposomes in entrapped or surface-exposed forms. T cell proliferative responses, cytokine patterns, and antibody isotypes were studied. Results showed that immune responses were profoundly influenced by the liposome formulations. Phys. associated, either encapsulated or surface-exposed, peptide liposomes elicited strong antigen-specific T cell responses, but not lipopeptide alone or peptide mixed with peptide-free liposomes. Anal. of the cytokines secreted by the proliferating T cells showed a high level of IFN-γ and undetectable levels of IL-4, indicating a T helper type 1 response. Thus, phys. association of the peptide with liposomes was required for T cell proliferative responses, but the mode of association was not critical On the other hand, the nature of the association significantly affected humoral immune responses. Only the surface-exposed peptide liposomes induced MUC1-specific antibodies. A domination of anti-MUC1 IgG2b over IgG1 (94 vs. 6%) was observed Our results support the hypothesis that different immune pathways are stimulated by different liposome formulations. This study demonstrated that a liposome delivery system could be tailored to induce either a preferential cellular or humoral immune response.

REFERENCE COUNT: 54 THERE ARE 54 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

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DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)	SINCE FILE ENTRY	TOTAL SESSION
CA SUBSCRIBER PRICE	-3.28	-3.28

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NEWS 1		Web Page for STN Seminar Schedule - N. America
NEWS 2	DEC 01	ChemPort single article sales feature unavailable
NEWS 3	APR 03	CAS coverage of exemplified prophetic substances enhanced
NEWS 4	APR 07	STN is raising the limits on saved answers
NEWS 5	APR 24	CA/CAplus now has more comprehensive patent assignee information
NEWS 6	APR 26	USPATFULL and USPAT2 enhanced with patent assignment/reassignment information
NEWS 7	APR 28	CAS patent authority coverage expanded
NEWS 8	APR 28	ENCOMPLIT/ENCOMPLIT2 search fields enhanced
NEWS 9	APR 28	Limits doubled for structure searching in CAS REGISTRY
NEWS 10	MAY 08	STN Express, Version 8.4, now available
NEWS 11	MAY 11	STN on the Web enhanced
NEWS 12	MAY 11	BEILSTEIN substance information now available on STN Easy
NEWS 13	MAY 14	DGENE, PCTGEN and USGENE enhanced with increased limits for exact sequence match searches and introduction of free HIT display format
NEWS 14	MAY 15	INPADOCDB and INPAFAMDB enhanced with Chinese legal status data

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 NEWS 15  MAY 28  CAS databases on STN enhanced with NANO super role in
                  records back to 1992
 NEWS 16  JUN 01  CAS REGISTRY Source of Registration (SR) searching
                  enhanced on STN

 NEWS EXPRESS MAY 26 09 CURRENT WINDOWS VERSION IS V8.4,
              AND CURRENT DISCOVER FILE IS DATED 06 APRIL 2009.

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* * * * * * * * * * * * * * * STN  Columbus  * * * * * * * * * * * * * * * *

FILE 'HOME' ENTERED AT 11:12:04 ON 10 JUN 2009

=> file reg
COST IN U.S. DOLLARS                                 SINCE FILE      TOTAL
                                                        ENTRY    SESSION
FULL ESTIMATED COST                                      0.22       0.22

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DICTIONARY FILE UPDATES:   8 JUN 2009  HIGHEST RN 1154048-98-2

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http://www.cas.org/support/stngen/stndoc/properties.html

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SP0529)/CN
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GENE BLR1)/CN
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=> S E1
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=> DIS L1 1 SQIDE
THE ESTIMATED COST FOR THIS REQUEST IS 6.85 U.S. DOLLARS
DO YOU WANT TO CONTINUE WITH THIS REQUEST? (Y)/N:Y

L1   ANSWER 1 OF 1  REGISTRY  COPYRIGHT 2009 ACS on STN
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     aspartyl-L-threonyl-L-arginyl-L-prolyl-L-alanyl-L-prolylglycyl-L-seryl-L-
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CN   BP 1-148
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 type             ------ location ------          description
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LC   STN Files:   CA, CAPLUS, IMSDRUGNEWS, IMSRESEARCH, TOXCENTER, USPAT2,
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DT.CA  CAplus document type:  Journal; Patent
RL.P   Roles from patents:  BIOL (Biological study); PROC (Process); USES
       (Uses)
RL.NP  Roles from non-patents:  BIOL (Biological study); PREP (Preparation);
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Absolute stereochemistry.
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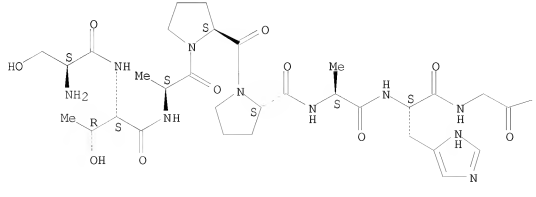
PAGE 1-A



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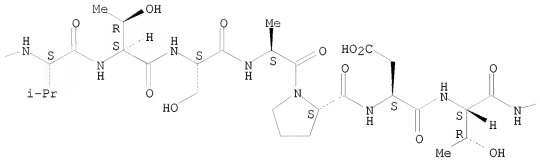

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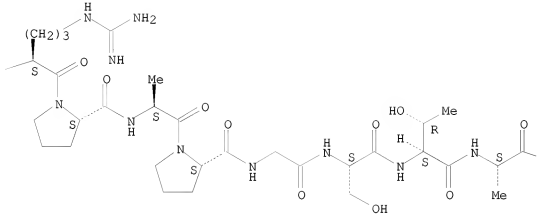

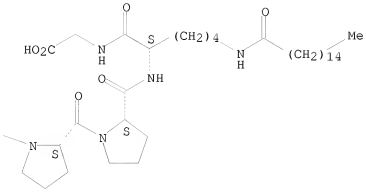

PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

13 REFERENCES IN FILE CA (1907 TO DATE)
13 REFERENCES IN FILE CAPLUS (1907 TO DATE)

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E17           1     BLR PROTEIN (ESCHERICHIA COLI GENE BLR)/CN
E18           1     BLR-1 (BURKITT'S LYMPHOMA RECEPTOR 1) (CATTLE MONONUCLEAR CELL
GENE BLR1)/CN
E19           1     BLR1 RECEPTOR (BALB/C MOUSE CLONE ABC1.2 GENE BLR1)/CN
E20           1     BLRF2 PROTEIN (HUMAN HERPESVIRUS 4 STRAIN B95-8 GENE BLRF2)/CN
E21           2     BLS/CN
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E22           1     BLS (POLYMER)/CN
E23           1     BLS 1326/CN
E24           1     BLS 160L/CN
E25           1     BLS 1770/CN

=> E "STIMUVAX"/CN 25
E1            1     STIMULON/CN
E2            1     STIMULUS PG/CN
E3            0 --> STIMUVAX/CN
E4            1     STINERVAL/CN
E5            1     STING (DROSOPHILA MELANOGASTER CLONE LD23107 GENE STING)/CN
E6            1     STING-KILL/CN
E7            1     STINGER/CN
E8            1     STINGRAY 874B/CN
E9            1     STINGRAY CALCITONIN/CN
E10           1     STINK BUG MALE AGGREGATION PHEROMONE/CN
E11           1     STINK DAMP/CN
E12           1     STINKWEED/CN
E13           1     STINOX 967F/CN
E14           1     STION F/CN
E15           1     STION RC/CN
E16           1     STIP PROTEIN (CANIS LUPUS FAMILIARIS GENE STIP)/CN
E17           1     STIP PROTEIN (PHYTOPHTHORA SOJAE GENE STIP)/CN
E18           1     STIP PROTEIN (RAT STRAIN SPRAGUE-DAWLEY GENE STIP)/CN
E19           1     STIP PROTEIN (XENOPUS TROPICALIS GENE STIP)/CN
E20           1     STIP1 Y AND U-BOX CONTAINING PROTEIN 1 (DANIO RERIO CLONE
MGC:56076 IMAGE:5409937)/CN
E21           1     STIP1 Y AND U-BOX CONTAINING PROTEIN 1 (HUMAN CLONE MGC:1397
IMAGE:3346811)/CN
E22           1     STIP1 Y AND U-BOX CONTAINING PROTEIN 1 (HUMAN CLONE MGC:15443
IMAGE:2959735)/CN
E23           1     STIP1 Y AND U-BOX CONTAINING PROTEIN 1 (HUMAN CLONE MGC:70877
IMAGE:3847168)/CN
E24           1     STIP1 Y AND U-BOX CONTAINING PROTEIN 1 (MOUSE STRAIN FVB/N CLONE
MGC:35920 IMAGE:4191866)/CN
E25           1     STIP1-PROV PROTEIN (XENOPUS LAEVIS CLONE MGC:53256
IMAGE:5543683)/CN

=> file caplus
COST IN U.S. DOLLARS                            SINCE FILE      TOTAL
                                                   ENTRY    SESSION
FULL ESTIMATED COST                                13.64      13.86

FILE 'CAPLUS' ENTERED AT 11:14:16 ON 10 JUN 2009
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FILE COVERS 1907 - 10 Jun 2009  VOL 150 ISS 24
FILE LAST UPDATED: 9 Jun 2009  (20090609/ED)
REVISED CLASS FIELDS (/NCL) LAST RELOADED:  Feb 2009
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USPTO MANUAL OF CLASSIFICATIONS THESAURUS ISSUE DATE: Feb 2009

CAplus now includes complete International Patent Classification (IPC) reclassification data for the third quarter of 2008.

CAS Information Use Policies apply and are available at:

http://www.cas.org/legal/infopolicy.html

This file contains CAS Registry Numbers for easy and accurate substance identification.

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=> d his

     (FILE 'HOME' ENTERED AT 11:12:04 ON 10 JUN 2009)

     FILE 'REGISTRY' ENTERED AT 11:12:26 ON 10 JUN 2009
                E "BLP25"/CN 25
                E "BLP-25"/CN 25
L1              1 S E1
                E "BLP-25"/CN 25
                E "STIMUVAX"/CN 25

     FILE 'CAPLUS' ENTERED AT 11:14:16 ON 10 JUN 2009

=> s l1
L2           13 L1

=> s l2 and (LR or locoregional or (loco-regional) or (local regional) or
(local-regional))
           7873 LR
            874 LRS
           8666 LR
                  (LR OR LRS)
            967 LOCOREGIONAL
            542 LOCO
           1826 LOCOS
           2367 LOCO
                  (LOCO OR LOCOS)
          77175 REGIONAL
              3 REGIONALS
          77176 REGIONAL
                  (REGIONAL OR REGIONALS)
            284 LOCO-REGIONAL
                  (LOCO(W)REGIONAL)
         419135 LOCAL
             88 LOCALS
         419209 LOCAL
                  (LOCAL OR LOCALS)
          77175 REGIONAL
              3 REGIONALS
          77176 REGIONAL
                  (REGIONAL OR REGIONALS)
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                  (LOCAL(W)REGIONAL)
         419135 LOCAL
             88 LOCALS
         419209 LOCAL
                  (LOCAL OR LOCALS)
          77175 REGIONAL
              3 REGIONALS
          77176 REGIONAL
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                (REGIONAL OR REGIONALS)
           559 LOCAL-REGIONAL
                (LOCAL(W)REGIONAL)
L3           1 L2 AND (LR OR LOCOREGIONAL OR (LOCO-REGIONAL) OR (LOCAL REGIONAL
               ) OR (LOCAL-REGIONAL))

=> d ibib abs kwic

L3   ANSWER 1 OF 1  CAPLUS  COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER:         2007:836027  CAPLUS
DOCUMENT NUMBER:          148:98537
TITLE:                    L-BLP25: A Peptide Vaccine Strategy in Non-Small Cell
                          Lung Cancer
AUTHOR(S):                Sangha, Randeep; Butts, Charles
CORPORATE SOURCE:         Cross Cancer Institute, Edmonton, AB, Can.
SOURCE:                   Clinical Cancer Research (2007), 13(15, Pt. 2),
                          4652s-4654s
                          CODEN: CCREF4; ISSN: 1078-0432
PUBLISHER:                American Association for Cancer Research
DOCUMENT TYPE:            Journal; General Review
LANGUAGE:                 English
AB   A review.  MUC1 is a mucinous glycoprotein which is overexpressed and
     under or aberrantly glycosylated in many human malignancies.  MUC1 is
     associated with cellular transformation and can confer resistance to
     genotoxic agents.  L-BLP25 is a peptide vaccine strategy that targets the
     exposed core peptide of MUC1.  In preclin. studies, L-BLP25 induced a
     cellular immune response characterized by T-cell proliferation in response
     to MUC1 and production of IFN-γ.  Phase I and II trials have established
     the dose and schedule of the vaccine as well as its excellent safety
     profile.  A randomized phase II trial of maintenance L-BLP25 vs. best
     supportive care in patients with stage IIIB/IV non-small cell lung cancer
     who experienced clin. benefit from initial therapy has been reported.
     Updated survival anal. of this trial continues to show a strong survival
     trend in favor of L-BLP25 (median survival, 30.6 vs. 13.3 mo) in a
     subgroup of patients with locoregional stage IIIB disease.
     These promising results will be tested in a phase III trial of L-BLP25 vs.
     placebo in patients with stage III non-small cell lung cancer after
     response to primary chemoradiotherapy.
REFERENCE COUNT:          21    THERE ARE 21 CITED REFERENCES AVAILABLE FOR THIS
                                RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT
AB   .  .  .  a strong survival trend in favor of L-BLP25 (median survival,
     30.6 vs. 13.3 mo) in a subgroup of patients with locoregional
     stage IIIB disease.  These promising results will be tested in a phase III
     trial of L-BLP25 vs. placebo in patients.  .  .
IT   221214-84-2
     RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL
     (Biological study); USES (Uses)
        (L-BLP25, a peptide vaccine strategy in non-small cell lung cancer)


=> s peptide vaccine
        419069 PEPTIDE
        305909 PEPTIDES
        535234 PEPTIDE
                (PEPTIDE OR PEPTIDES)
         77137 VACCINE
         77486 VACCINES
         95677 VACCINE
                (VACCINE OR VACCINES)
L4        2013 PEPTIDE VACCINE
                (PEPTIDE(W)VACCINE)
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=> s NSCLC
         6133 NSCLC
          419 NSCLCS
L5       6198 NSCLC
              (NSCLC OR NSCLCS)

=> s l4 (L) l5
L6          4 L4 (L) L5

=> d ibib abs kwic 1-4

L6   ANSWER 1 OF 4  CAPLUS  COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER:         2009:456713  CAPLUS
DOCUMENT NUMBER:          150:445615
TITLE:                    Vaccine composition comprising mRNA encoding at least
                          two antigens for treating lung cancer, particularly of
                          non-small cell lung cancer (NSCLC)
INVENTOR(S):              Barner, Marijke; Probst, Jochen; Lander, Thomas;
                          Hoerr, Ingmar
PATENT ASSIGNEE(S):       Curevac GmbH, Germany
SOURCE:                   PCT Int. Appl., 109pp.
                          CODEN: PIXXD2
DOCUMENT TYPE:            Patent
LANGUAGE:                 English
FAMILY ACC. NUM. COUNT:   2
PATENT INFORMATION:

     PATENT NO.          KIND   DATE        APPLICATION NO.         DATE
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     WO 2009046738        A1    20090416    WO 2007-EP8770          20071009
         W:  AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BH, BR, BW, BY, BZ, CA,
             CH, CN, CO, CR, CU, CZ, DE, DK, DM, DO, DZ, EC, EE, EG, ES, FI,
             GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IS, JP, KE, KG,
             KM, KN, KP, KR, KZ, LA, LC, LK, LR, LS, LT, LU, LY, MA, MD, ME,
             MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL,
             PT, RO, RS, RU, SC, SD, SE, SG, SK, SL, SM, SV, SY, TJ, TM, TN,
             TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW
         RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE,
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             BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW,
             GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ,
             BY, KG, KZ, MD, RU, TJ, TM
     WO 2009046974        A2    20090416    WO 2008-EP8503          20081008
         W:  AE, AG, AL, AM, AO, AT, AU, AZ, BA, BB, BG, BH, BR, BW, BY, BZ,
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             ME, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PG, PH,
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             TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW
         RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HR, HU,
             IE, IS, IT, LT, LU, LV, MC, MT, NL, NO, PL, PT, RO, SE, SI, SK,
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             TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW,
             AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
PRIORITY APPLN. INFO.:                   WO 2007-EP8770      A  20071009
OTHER SOURCE(S):          MARPAT 150:445615
AB   The present invention relates to an active (immunostimulatory) composition
     comprising at least one RNA, preferably an mRNA (cDNA), encoding at least
     two (preferably different) antigens capable of eliciting an (adaptive)
     immune response in a mammal.  Particularly, at least two antigens are
     selected from the group consisting of: hTERT (human telomerase), WT1
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(Wilms' tumor suppressor 1), MAGE-A2 (melanoma-associated antigen MAGE-2), tumor antigen 5T4 (trophoblast glycoprotein, TPBG), MAGE-A3, MUC1, Her-2/neu, NY-ESO-1, CEA, Survivin, MAGE-C1, or MAGE-C2. Provided are cDNA sequences for above tumor antigens. The invention furthermore relates to a vaccine comprising said active (immunostimulatory) composition, and to the use of said immunostimulatory composition (for the preparation of a vaccine) and/or of the vaccine for eliciting an immune response for the treatment of lung cancer, particularly of non-small cell lung cancers (NSCLC), preferably selected from the three main sub-types squamous cell lung carcinoma, adenocarcinoma and large cell lung carcinoma, or of disorders related thereto. Finally, the invention relates to kits, particularly to kits of parts, containing the active (immunostimulatory) composition and/or the vaccine.

REFERENCE COUNT: 4 THERE ARE 4 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

IT Antimicrobial agents
(peptide; vaccine composition comprising mRNA encoding at least two antigens for treating lung cancer, particularly of non-small cell lung cancer (NSCLC))

L6 ANSWER 2 OF 4 CAPLUS COPYRIGHT 2009 ACS on STN

ACCESSION NUMBER: 2009:456170 CAPLUS
DOCUMENT NUMBER: 150:445611
TITLE: Vaccine composition comprising mRNA encoding at least two antigens for treating lung cancer, particularly of non-small cell lung cancer (NSCLC)
INVENTOR(S): Barner, Marijke; Probst, Jochen; Lander, Thomas; Hoerr, Ingmar
PATENT ASSIGNEE(S): Curevac GmbH, Germany
SOURCE: PCT Int. Appl., 129pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 2
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2009046974	A2	20090416	WO 2008-EP8503	20081008
W: AE, AG, AL, AM, AO, AT, AU, AZ, BA, BB, BG, BH, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DO, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LA, LC, LK, LR, LS, LT, LU, LY, MA, MD, ME, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RS, RU, SC, SD, SE, SG, SK, SL, SM, ST, SV, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW				
RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HR, HU, IE, IS, IT, LT, LU, LV, MC, MT, NL, NO, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
WO 2009046738	A1	20090416	WO 2007-EP8770	20071009
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BH, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DO, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LA, LC, LK, LR, LS, LT, LU, LY, MA, MD, ME, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RS, RU, SC, SD, SE, SG, SK, SL, SM, SV, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW				
RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, LV, MC, MT, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW,				

GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM

PRIORITY APPLN. INFO.: WO 2007-EP8770 A 20071009

OTHER SOURCE(S): MARPAT 150:445611

AB The present invention relates to an active (immunostimulatory) composition comprising at least one RNA, preferably an mRNA (cDNA), encoding at least two (preferably different) antigens capable of eliciting an (adaptive) immune response in a mammal. Particularly, at least two antigens are selected from the group consisting of: hTERT (human telomerase), WT1 (Wilms' tumor suppressor 1), MAGE-A2 (melanoma-associated antigen MAGE-2), tumor antigen 5T4 (trophoblast glycoprotein, TPBG), MAGE-A3, MUC1, Her-2/neu, NY-ESO-1, CEA, Survivin, MAGE-C1, or MAGE-C2. Provided are cDNA sequences for above tumor antigens. The invention furthermore relates to a vaccine comprising said active (immunostimulatory) composition, and to the use of said immunostimulatory composition (for the preparation of a vaccine) and/or of the vaccine for eliciting an immune response for the treatment of lung cancer, particularly of non-small cell lung cancers (NSCLC), preferably selected from the three main sub-types squamous cell lung carcinoma, adenocarcinoma and large cell lung carcinoma, or of disorders related thereto. Finally, the invention relates to kits, particularly to kits of parts, containing the active (immunostimulatory) composition and/or the vaccine.

IT Proteins
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(PAntp, fusion products, adjuvant peptide; vaccine composition comprising mRNA encoding at least two antigens for treating lung cancer, particularly of non-small cell lung cancer (NSCLC))

IT Proteins
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(PIsI, fusion products, adjuvant peptide; vaccine composition comprising mRNA encoding at least two antigens for treating lung cancer, particularly of non-small cell lung cancer (NSCLC))

IT Proteins
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(Pep-1, adjuvant peptide; vaccine composition comprising mRNA encoding at least two antigens for treating lung cancer, particularly of non-small cell lung cancer (NSCLC))

IT Antimicrobial agents
(peptide; vaccine composition comprising mRNA encoding at least two antigens for treating lung cancer, particularly of non-small cell lung cancer (NSCLC))

IT 62031-54-3D, FGF, fusion products 203716-10-3D, Transportan, fusion products 288269-17-0D, Buforin-2, fusion products 678980-65-9D, PVEC, fusion products
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(adjuvant peptide; vaccine composition comprising mRNA encoding at least two antigens for treating lung cancer, particularly of non-small cell lung cancer (NSCLC))

L6 ANSWER 3 OF 4 CAPLUS COPYRIGHT 2009 ACS on STN

ACCESSION NUMBER: 2008:1230812 CAPLUS

TITLE: Induction of immune responses and clinical efficacy in a phase II trial of IDM-2101, a 10-epitope cytotoxic T-lymphocyte vaccine, in metastatic non-small-cell lung cancer

AUTHOR(S): Barve, Minal; Bender, James; Senzer, Neil; Cunningham, Casey; Greco, F. Anthony; McCune, David; Steis, Ronald; Khong, Hung; Richards, Donald; Stephenson, Joe; Ganesa, Prasanthi; Nemunaitis, Jackie; Ishioka, Glenn; Pappen, Beena; Nemunaitis, Michael; Morse, Michael; Mills, Bonnie; Maples, Phillip B.; Sherman, Jeffrey; Nemunaitis, John J.

CORPORATE SOURCE: May Crowley Cancer Research Centers; Baylor Sammons Cancer Center, Gradalis Inc, Dallas, TX, USA
SOURCE: Journal of Clinical Oncology (2008), 26(27), 4418-4425 CODEN: JCONDN; ISSN: 0732-183X
PUBLISHER: American Society of Clinical Oncology
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Purpose Generation of broad cytotoxic T-lymphocyte responses against multiple epitopes and tumor-associated antigens (TAAs) may provide effective immunotherapy in patients with cancer. We evaluated a single-vial peptide vaccine consisting of nine HLA-A2 supertype-binding epitopes (two native and seven analog epitopes modified for optimal HLA binding or T-cell receptor stimulation) covering five TAAs and the universal helper pan-DR epitope, formulated as a stable emulsion with incomplete Freund's adjuvant (Montanide ISA 51; Seppic SA, Paris, France). The clin. efficacy, safety, and multiepitope immunogenicity of IDM-2101 was evaluated in patients with stage IIIB or IV non-small-cell lung cancer (NSCLC). Patients and Methods A total of 63 patients were enrolled who were pos. for HLA-A2. End points included survival, safety, and immune response. IDM-2101 (previously EP-2101) was administered every 3 wk for the first 15 wk, then every 2 mo through year 1, then quarterly through year 2, for a total of 13 doses. Epitope-specific cytotoxic and helper T-lymphocyte immunogenic responses were measured by the interferon gamma enzyme-linked immunosorbent spot assay. Results No significant adverse events were noted. Low-grade erythema and pain at the injection site were the most common adverse effects. One-year survival in the treated patients was 60%, the median survival was 17.3 mo. One complete and one partial response were identified. Survival was longer in patients demonstrating an immune response to epitope peptides ($P < .001$). Conclusion IDM-2101 was well tolerated, and evidence of efficacy was suggested.
REFERENCE COUNT: 61 THERE ARE 61 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT
AB . . . responses against multiple epitopes and tumor-associated antigens (TAAs) may provide effective immunotherapy in patients with cancer. We evaluated a single-vial peptide vaccine consisting of nine HLA-A2 supertype-binding epitopes (two native and seven analog epitopes modified for optimal HLA binding or T-cell receptor. . . clin. efficacy, safety, and multiepitope immunogenicity of IDM-2101 was evaluated in patients with stage IIIB or IV non-small-cell lung cancer (NSCLC). Patients and Methods A total of 63 patients were enrolled who were pos. for HLA-A2. End points included survival, safety,. . .

L6 ANSWER 4 OF 4 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2007:842664 CAPLUS
DOCUMENT NUMBER: 147:446133
TITLE: Vaccination of patients with advanced non-small-cell lung cancer with an optimized cryptic human telomerase reverse transcriptase peptide
AUTHOR(S): Bolonaki, Irini; Kotsakis, Athanassios; Papadimitraki, Elsa; Aggouraki, Despoina; Konsolakis, George; Vagia, Aphrodite; Christophylakis, Charalambos; Nikoloudi, Irini; Magganas, Elefterios; Galanis, Athanassios; Cordopatis, Paul; Kosmatopoulos, Kostas; Georgoulias, Vassilis; Mavroudis, Dimitris
CORPORATE SOURCE: Departments of Transfusion Medicine, Medical Oncology, and Radiology, University General Hospital of Heraklion, Heraklion, Greece
SOURCE: Journal of Clinical Oncology (2007), 25(19), 2727-2734 CODEN: JCONDN; ISSN: 0732-183X
PUBLISHER: American Society of Clinical Oncology
DOCUMENT TYPE: Journal

```
LANGUAGE:                English
AB   Purpose To evaluate the immunol. and clin. response as well as the safety
     of the optimized peptide telomerase reverse transcriptase p572Y (TERT572Y)
     presented by HLA-A*0201 in patients with advanced non-small-cell lung
     cancer (NSCLC).  Patients and Methods Twenty-two patients with
     advanced NSCLC and residual (n = 8) or progressive disease (PD;
     n = 14) following chemotherapy and/or radiotherapy received two s.c.
     injections of the optimized TERT572Y peptide followed by four injections
     of the native TERT572 peptide administered every 3 wk.  Peptide-specific
     immune responses were monitored by enzyme-linked immunosorbent spot assay
     and/or TERT572Y pentamer staining.  Results Twelve (54.5%) of 22 patients
     completed the vaccination program.  Toxicity consisted primarily of local
     skin reactions.  TERT572-specific CD8+ cells were detected in 16 (76.2%)
     of 21 patients after the second vaccination, and 10 (90.9%) of 11 patients
     after the sixth vaccination.  Stable disease (SD) occurred in eight
     (36.4%) of 22 vaccinated patients, with three (13.6%) having had PD before
     entering the study.  The median duration of SD was 11.2 mo.  After a
     median follow-up of 10.0 mo, patients with early developed immunol.
     response (n = 16) had a significantly longer time to progression and
     overall survival (OS) than nonresponders (n = 5; log-rank tests P = .046
     and P = .012, resp.).  The estimated median OS was 30.0 mo (range, 2.8 to 40.0
     mo) and 4.1 mo (range, 2.4 to 10.9 mo) for responders and nonresponders,
     resp.  Conclusion TERT572Y peptide vaccine is well
     tolerated and effective in eliciting a specific T cell immunity.  Immunol.
     response is associated with prolonged survival.  These results are
     encouraging and warrant further evaluation in a randomized study.
REFERENCE COUNT:         42    THERE ARE 42 CITED REFERENCES AVAILABLE FOR THIS
                               RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT
AB   . . .  safety of the optimized peptide telomerase reverse transcriptase
     p572Y (TERT572Y) presented by HLA-A*0201 in patients with advanced
     non-small-cell lung cancer (NSCLC).  Patients and Methods
     Twenty-two patients with advanced NSCLC and residual (n = 8) or
     progressive disease (PD; n = 14) following chemotherapy and/or
     radiotherapy received two s.c. injections.  . .  (range, 2.8 to 40.0 mo)
     and 4.1 mo (range, 2.4 to 10.9 mo) for responders and nonresponders, resp.
     Conclusion TERT572Y peptide vaccine is well tolerated
     and effective in eliciting a specific T cell immunity.  Immunol. response
     is associated with prolonged survival.  These.  .  .


=> dh is
DH IS NOT A RECOGNIZED COMMAND
The previous command name entered was not recognized by the system.
For a list of commands available to you in the current file, enter
"HELP COMMANDS" at an arrow prompt (=>).

=> d his

     (FILE 'HOME' ENTERED AT 11:12:04 ON 10 JUN 2009)

     FILE 'REGISTRY' ENTERED AT 11:12:26 ON 10 JUN 2009
                E "BLP25"/CN 25
                E "BLP-25"/CN 25
L1            1 S E1
                E "BLP-25"/CN 25
                E "STIMUVAX"/CN 25

     FILE 'CAPLUS' ENTERED AT 11:14:16 ON 10 JUN 2009
L2           13 S L1
L3            1 S L2 AND (LR OR LOCOREGIONAL OR (LOCO-REGIONAL) OR (LOCAL REGIO
L4         2013 S PEPTIDE VACCINE
L5         6198 S NSCLC
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L6            4 S L4 (L) L5

=> s IIIB and (LR or locoregional or (loco-regional) or (local regional) or
(local-regional))
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          7873 LR
           874 LRS
          8666 LR
                 (LR OR LRS)
           967 LOCOREGIONAL
           542 LOCO
          1826 LOCOS
          2367 LOCO
                 (LOCO OR LOCOS)
         77175 REGIONAL
             3 REGIONALS
         77176 REGIONAL
                 (REGIONAL OR REGIONALS)
           284 LOCO-REGIONAL
                 (LOCO(W)REGIONAL)
        419135 LOCAL
            88 LOCALS
        419209 LOCAL
                 (LOCAL OR LOCALS)
         77175 REGIONAL
             3 REGIONALS
         77176 REGIONAL
                 (REGIONAL OR REGIONALS)
           559 LOCAL REGIONAL
                 (LOCAL(W)REGIONAL)
        419135 LOCAL
            88 LOCALS
        419209 LOCAL
                 (LOCAL OR LOCALS)
         77175 REGIONAL
             3 REGIONALS
         77176 REGIONAL
                 (REGIONAL OR REGIONALS)
           559 LOCAL-REGIONAL
                 (LOCAL(W)REGIONAL)
L7           34 IIIB AND (LR OR LOCOREGIONAL OR (LOCO-REGIONAL) OR (LOCAL REGION
               AL) OR (LOCAL-REGIONAL))

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     (FILE 'HOME' ENTERED AT 11:12:04 ON 10 JUN 2009)

     FILE 'REGISTRY' ENTERED AT 11:12:26 ON 10 JUN 2009
                 E "BLP25"/CN 25
                 E "BLP-25"/CN 25
L1             1 S E1
                 E "BLP-25"/CN 25
                 E "STIMUVAX"/CN 25

     FILE 'CAPLUS' ENTERED AT 11:14:16 ON 10 JUN 2009
L2            13 S L1
L3             1 S L2 AND (LR OR LOCOREGIONAL OR (LOCO-REGIONAL) OR (LOCAL REGIO
L4          2013 S PEPTIDE VACCINE
L5          6198 S NSCLC
L6             4 S L4 (L) L5
L7            34 S IIIB AND (LR OR LOCOREGIONAL OR (LOCO-REGIONAL) OR (LOCAL REG
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=> s l5 and l7
L8          11 L5 AND L7

=> s l8 not py>2003
       7365103 PY>2003
L9           6 L8 NOT PY>2003

=> d ibib abs kwic 1-6

L9   ANSWER 1 OF 6  CAPLUS  COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER:         2001:887926  CAPLUS
DOCUMENT NUMBER:          136:161009
TITLE:                    Preoperative chemotherapy with cisplatin in
                          combination with docetaxel and gemcitabine in locally
                          advanced non-small-cell lung cancer
AUTHOR(S):                Guillot, Monica; Astudillo, Julio; Sanchez, Jose
                          Miguel; Escobar, Ignacio; Lopez de Castro, Pedro;
                          Izquierdo, Jose; Manzano, Jose Luis; Arellano,
                          Antonio; Sanchez, Jose Javier; Rosell, Rafael
CORPORATE SOURCE:         Medical Oncology Service, Hospital Universitari
                          Germans Trias i Pujol, Barcelona, 08916, Spain
SOURCE:                   Revista de Oncologia (2001), 3(5), 260-265
                          CODEN: REONFP
PUBLISHER:                Ediciones Doyma S.A.
DOCUMENT TYPE:            Journal
LANGUAGE:                 English
AB   Despite surgery, both locoregional and distant disease controls
     remain poor in stage III non-small-cell lung cancer (NSCLC).
     Preoperative chemotherapy has become an accepted treatment but no
     established regimen exists.  Our objective was to define the activity and
     feasibility of cisplatin in combination with docetaxel and gemcitabine in
     stage III NSCLC followed by surgery or radiotherapy.  Thirty-two
     chemotherapy-naive patients with NSCLC (59% stage IIIAN2, 41%
     stage IIIB) received cisplatin 75 mg/m2 on day 1, gemcitabine
     1,000 mg/m2 on days 1 and 8, and docetaxel 20 mg/m2 on days 1, 8 and 15.
     Patients received induction chemotherapy (5 cycles) before re-evaluation,
     followed by thoracotomy or thoracic radiotherapy.  Radiog. response was
     50% and stable disease at computed tomog. (CT) scan was observed in 30% of
     patients.  Thirty patients were evaluable for response; thoracotomy was
     performed in 16 patients (53%) and resection was complete in 8 patients
     (27%).  Grade 3/4 neutropenia, the main hematol. toxicity, occurred in 53%
     of patients but only 3 patients required hospitalization due to
     neutropenic fever.  Severe non-hematol. toxicity was uncommon.  There were
     3 treatment-related deaths.  To date, 22% of patients remain alive and
     disease-free with a median follow-up of 13 mo.  Median survival for all
     recruited patients was 14 mo, with an estimated 1-yr survival rate of 60%.
     The combination of cisplatin/docetaxel/gemcitabine is a well-tolerated
     regimen.  Although it has potential serious toxic effects, high response
     rates and manageable toxicity justify its use in further trials.  The
     Spanish Lung Cancer Group (SLCG) is currently performing a trial with this
     regimen in stage III disease.
REFERENCE COUNT:          27    THERE ARE 27 CITED REFERENCES AVAILABLE FOR THIS
                                RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT
AB   Despite surgery, both locoregional and distant disease controls
     remain poor in stage III non-small-cell lung cancer (NSCLC).
     Preoperative chemotherapy has become an accepted treatment but no
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     1,000 mg/m2 on days 1 and 8, and docetaxel 20 mg/m2 on.  .  .
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L9 ANSWER 2 OF 6 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2000:858458 CAPLUS
DOCUMENT NUMBER: 135:40535
TITLE: Induction chemotherapy for loco-regional lung cancer using paclitaxel combination. A preliminary report
AUTHOR(S): Takita, H.; Pitoniak, R. F.
CORPORATE SOURCE: Thoracic Surgical Dept., Roswell Park Cancer Institute, State University of New York at Buffalo, Buffalo, NY, USA
SOURCE: Journal of Experimental & Clinical Cancer Research (2000), 19(3), 291-293
CODEN: JECRDN; ISSN: 0392-9078
PUBLISHER: Regina Elena Institute for Cancer Research
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Induction chemotherapy has been reported to be effective in treatment of locally advanced, borderline resectable, (Stage III), non small cell lung carcinoma (NSCLC). A logical extension of the indication for the induction chemotherapy may be to treat earlier stage resectable lung cancers (stages I and II) because the cure rate of the resectable lung cancers still remains poor and is below 60 % except for stage I A. Thirty eight patients with a diagnosis of loco-regional NSCLC were treated with paclitaxel combination chemotherapy. Following two courses of induction chemotherapy, patients underwent surgical therapy whenever possible. There were ten patients with stage I disease, four patients with stage II, 13 with stage IIIA, nine had stage IIIB, and two with stage IV. An overall response rate of 74% was observed The response rate for 14 resectable patients (stage I and II) was 86%. The chemotherapy regimen was well tolerated and apart from one instance of anaphylaxis, no serious side effects were observed
REFERENCE COUNT: 6 THERE ARE 6 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT
TI Induction chemotherapy for loco-regional lung cancer using paclitaxel combination. A preliminary report
AB . . . has been reported to be effective in treatment of locally advanced, borderline resectable, (Stage III), non small cell lung carcinoma (NSCLC). A logical extension of the indication for the induction chemotherapy may be to treat earlier stage resectable lung cancers (stages. . . still remains poor and is below 60 % except for stage I A. Thirty eight patients with a diagnosis of loco-regional NSCLC were treated with paclitaxel combination chemotherapy. Following two courses of induction chemotherapy, patients underwent surgical therapy whenever possible. There were ten patients with stage I disease, four patients with stage II, 13 with stage IIIA, nine had stage IIIB, and two with stage IV. An overall response rate of 74% was observed The response rate for 14 resectable patients. . .
IT Antitumor agents
(lung non-small-cell carcinoma; induction chemotherapy for loco-regional lung cancer using paclitaxel combination in humans)
IT Lung, neoplasm
(non-small-cell carcinoma, inhibitors; induction chemotherapy for loco-regional lung cancer using paclitaxel combination in humans)
IT 33069-62-4, Paclitaxel
RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(induction chemotherapy for loco-regional lung cancer using paclitaxel combination in humans)

L9 ANSWER 3 OF 6 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2000:40260 CAPLUS
DOCUMENT NUMBER: 132:73116
TITLE: Role of chemotherapy in stages I to III non-small cell lung cancer
AUTHOR(S): Strauss, Gary M.
CORPORATE SOURCE: Department of Adult Oncology, Dana-Farber Cancer Institute, Boston, MA, 02115, USA
SOURCE: Chest (1999), 116(6, Suppl.), 509S-516S
CODEN: CHETBF; ISSN: 0012-3692
PUBLISHER: American College of Chest Physicians
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English

AB A review with 45 refs. The management of resectable non-small cell lung cancer (NSCLC) has been the focus of extensive investigation over the last decade. Nonetheless, existing management strategies are suboptimal for all stage groupings. The only exception is complete resection for stage IA NSCLC, in which a cure is achieved in 70 to 85% of patients. A number of studies demonstrate that adjuvant chemotherapy may be associated with some biol. effect. Nonetheless, chemotherapy remains exptl. and cannot be definitively recommended outside the context of a randomized trial. Radiation therapy appears to be associated with a reduction in local recurrence in stage II NSCLC. With regard to potentially resectable stage IIIA NSCLC, the results of randomized trials support the conclusion that induction chemotherapy followed by resection (with or without postoperative radiation) may enhance survival compared to that achieved with resection alone. Among patients with stage IIIA and IIIB NSCLC who are treated without resection, numerous phase III studies demonstrate that induction chemotherapy with definitive radiation improves outcome when compared to thoracic radiation therapy alone. While there may be an advantage for concurrent chemoradiation compared to sequential therapy, definitive results are not yet available to support this conclusion. While the magnitude of benefit associated with induction chemotherapy or chemoradiation in regionally advanced NSCLC is debatable, the results of multimodality studies provide a basis for optimism that real therapeutic progress is being achieved. Further study of therapeutic strategies that incorporate aggressive systemic treatment and local-regional therapy in stage IIIA and IIIB NSCLC is warranted. Moreover, completion of randomized studies focusing on the role of adjuvant chemotherapy in stage IB and stage II NSCLC should be given priority.

REFERENCE COUNT: 45 THERE ARE 45 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

AB A review with 45 refs. The management of resectable non-small cell lung cancer (NSCLC) has been the focus of extensive investigation over the last decade. Nonetheless, existing management strategies are suboptimal for all stage groupings. The only exception is complete resection for stage IA NSCLC, in which a cure is achieved in 70 to 85% of patients. A number of studies demonstrate that adjuvant chemotherapy. . . context of a randomized trial. Radiation therapy appears to be associated with a reduction in local recurrence in stage II NSCLC. With regard to potentially resectable stage IIIA NSCLC, the results of randomized trials support the conclusion that induction chemotherapy followed by resection (with or without postoperative radiation) may enhance survival compared to that achieved with resection alone. Among patients with stage IIIA and IIIB NSCLC who are treated without resection, numerous phase III studies demonstrate that induction chemotherapy with definitive radiation improves outcome when compared. . . yet available to support this conclusion. While the magnitude of benefit associated with induction chemotherapy or chemoradiation in regionally advanced NSCLC is

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L9 ANSWER 4 OF 6 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1999:417244 CAPLUS
DOCUMENT NUMBER: 131:82635
TITLE: A phase I/II trial of neoadjuvant chemotherapy with cisplatin and vinorelbine followed by accelerated irradiation for patients with inoperable nonsmall cell lung carcinoma
AUTHOR(S): Viallet, Jean; Brassard, Marc-Andre; Souhami, Luis; Ayoub, Joseph; Del Vecchio, Pierre; Kreisman, Harvey; Guerra, Julio; Gruber, James; Langleben, Adrian; Hohneker, John; Rousseau, Pierre
CORPORATE SOURCE: Division of Hemato-Oncology, Centre Hospitalier de l'Universite de Montreal, Montreal, QC, H2L 4M1, Can.
SOURCE: Cancer (New York) (1999), 85(12), 2562-2569
CODEN: CANCAR; ISSN: 0008-543X
PUBLISHER: John Wiley & Sons, Inc.
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Both locoregional and distant disease control remains poor in the treatment of Stage III nonsmall cell lung carcinoma (NSCLC). This trial was conducted to evaluate the tolerance and responses of patients with NSCLC given a neoadjuvant regimen of cisplatin and vinorelbine chemotherapy followed by accelerated thoracic radiotherapy. Forty-two patients with Stage IIIA and IIIB NSCLC were entered into the study. Treatment consisted of cisplatin 100 mg/m2 given on Days 1 and 29 and vinorelbine 30 mg/m2 given weekly for 5 wk, with a planned 50% dose reduction to 15 mg/m2 planned for Week 2. This was followed by thoracic irradiation of 60 Gy (Gy) in 30 fractions of 2 Gy over 4 wk (once daily during Weeks 1 and 2 and twice daily during Weeks 3 and 4). With a median follow-up time of 12.2 mo (27-65 mo for survivors), the median survival was 12.2 mo (16.6 mo for patients with no prior weight loss and 7.8 mo for those with prior weight loss). The response rate after induction chemotherapy was 46.1%, increasing to 74.4% after radiation therapy (8 complete responses and 21 partial responses). The rate of progression was 13 of 18 (72%) for those who responded to chemotherapy (4 distant, 9 local) and 18 of 21 (86%) for those who did not respond to chemotherapy (14 distant, 7 local). The most frequent acute Grade 3 toxicity was nausea (21.4%). Accelerated thoracic irradiation after induction chemotherapy is well tolerated and yields therapeutic results that compare favorably with those reported for other regimens of chemotherapy and standard fractionated radiotherapy. The data from this study suggest that the responses of patients with clin. apparent disease to induction chemotherapy might indicate a likelihood of controlling microscopic distant metastases.
REFERENCE COUNT: 27 THERE ARE 27 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT
AB Both locoregional and distant disease control remains poor in the treatment of Stage III nonsmall cell lung carcinoma (NSCLC). This trial was conducted to evaluate the tolerance and responses of patients with NSCLC given a neoadjuvant regimen of cisplatin and vinorelbine chemotherapy followed by accelerated thoracic radiotherapy. Forty-two patients with Stage IIIA and IIIB NSCLC were entered into the study. Treatment consisted of cisplatin 100 mg/m2 given on Days 1 and 29 and vinorelbine 30. . .

L9 ANSWER 5 OF 6 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1996:163653 CAPLUS
DOCUMENT NUMBER: 124:278226
ORIGINAL REFERENCE NO.: 124:51159a,51162a
TITLE: Combined-modality therapy for advanced non-small cell lung cancer: Paclitaxel and thoracic irradiation
AUTHOR(S): Choy, Hak; Yee, Lorrin; Cole, Bernard F.
CORPORATE SOURCE: Department Radiation Therapy, Rhode Island Hospital, Providence, RI, 02903, USA
SOURCE: Seminars in Oncology (1995), 22(6, Suppl. 15), 38-44
CODEN: SOLGAV; ISSN: 0093-7754
PUBLISHER: Saunders
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Despite advances in the modalities used to treat non-small cell lung cancer (NSCLC), the frequency of locoregional and distant relapses necessitates further enhancement of the therapeutic program. Paclitaxel (Taxol; Bristol-Myers Squibb Company, Princeton, Nj) has demonstrated clin. efficacy against NSCLC and in vitro studies support its role as a radiation potentiator at concns. achievable in vivo. Thus, a phase 1 study of weekly paclitaxel and daily concurrent thoracic radiation was conducted in patients with advanced NSCLC to determine (1) the maximum tolerated dose of paclitaxel administered on an outpatient basis for 6 consecutive weeks with daily radiation and (2) the toxicities of the paclitaxel/radiation combination. Paclitaxel was administered as a 3-h infusion, repeated weekly for 6 wk with the usual premedication regimen for hypersensitivity prophylaxis. The starting dose of paclitaxel was 10 mg/m2/wk, which was increased by 10 mg/m2 in successive cohorts of three new patients, as tolerated. Radiation therapy was delivered as 40 Gy in 20 fractions to the original volume with a boost of 20 Gy in 10 fractions to the primary tumor. Doses were escalated from 10 to 70 mg/m2/wk. Of the 23 patients evaluable for response, one had stage II NSCLC, four had stage IIIA, 17 had stage IIIB , and one had stage IV. Severe esophagitis (grade 4) occurred in two of the three patients treated at 70 mg/m2 and was dose limiting. One patient discontinued therapy due to hypersensitivity, two developed grade 3 neutropenia, and one developed radiation pneumonitis. With a median follow-up of 7 mo, 15 of the 23 patients remain alive. Four had a complete response and 13 had a partial response, for an overall response rate of 74% (95% confidence interval, 52% to 90%). The schedule of weekly paclitaxel and daily thoracic radiation appears active in NSCLC and can be delivered safely in the outpatient setting. The principal dose-limiting toxicity is esophagitis, and the maximum tolerated dose of paclitaxel for this schedule is 60 mg/m2/wk. A phase II trial of weekly paclitaxel 60 mg/m2 and radiation has been initiated in patients with NSCLC.

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L9 ANSWER 6 OF 6 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1995:736777 CAPLUS
DOCUMENT NUMBER: 123:132269
ORIGINAL REFERENCE NO.: 123:23205a,23208a
TITLE: Concurrent cisplatin/etoposide plus chest radiotherapy followed by surgery for stages IIIA(N2) and IIIB non-small-cell lung cancer: mature results of Southwest Oncology Group Phase II Study 8805
AUTHOR(S): Albain, Kathy S.; Rusch, Valerie W.; Crowley, John J.; Rice, Thomas W.; turrisi, Andrew T, III; Weick, James K.; Lonchyna, Vassyl A.; Presant, Cary A.; McKenna, Robert J.; et al.
CORPORATE SOURCE: Loyola Univ. Medical Center, Maywood, IL, USA
SOURCE: Journal of Clinical Oncology (1995), 13(8), 1880-92
CODEN: JCONDN; ISSN: 0732-183X
PUBLISHER: Saunders
DOCUMENT TYPE: Journal
LANGUAGE: English
AB To assess the feasibility of concurrent chemotherapy and irradiation (chemoRT) followed by surgery in locally advanced non-small-cell lung cancer (NSCLC) in a cooperative group setting, and to estimate response, resection rates, relapse patterns, and survival for stage subsets IIIA(N2) vs. IIIB. Biopsy proof of either pos. N2 nodes (IIIAN2) or of N3 nodes or T4 primary lesions (IIIB) was required. Induction was two cycles of cisplatin and etoposide plus concurrent chest RT to 45 Gy. Resection was attempted if response or stable disease occurred. A chemoRT boost was given if either unresectable disease or pos. margins or nodes was found. The median follow-up time for 126 eligible patients [75 stage IIA(N2) and 51 IIIB] was 2.4 yr. The objective response rate to induction was 59%, and 29% were stable. Resectability was 85% for the IIIA(N2) group eligible for surgery and 80% for the IIIB group. Reversible grade 4 toxicity occurred in 13% of patient. There were 13 treatment-related deaths (10%) and 19 others (15%) died of causes not related to toxicity or tumor. Of 65 relapses, 11% were only loco regional and 61% were only distant. There were 26 brain relapses, of which 19 were the sole site or cause of death. There was no survival difference (P = 0.81) between stage IIIA(N2) vs. stage IIIB (median survivals, 13 and 17 mo; 2-yr survival rates, 37% and 39%; 3-yr survival rates, 27 and 24%). The strongest predictor of long-term survival after thoracotomy was absence of tumor in the mediastinal nodes at surgery (median survivals, 30 v 10 mo; 3-yr survival rates, 44% v 18%; P = 0.0005). This trimodality approach was feasible in this Southwest oncol. group (SWOG) study, with an encouraging 26% 3-yr survival rate. An intergroup study is currently being conducted to determine whether surgery adds more to the risk or to the benefit of chemoRT.
TI Concurrent cisplatin/etoposide plus chest radiotherapy followed by surgery for stages IIIA(N2) and IIIB non-small-cell lung cancer: mature results of Southwest Oncology Group Phase II Study 8805
AB To assess the feasibility of concurrent chemotherapy and irradiation (chemoRT) followed by surgery in locally advanced non-small-cell lung cancer (NSCLC) in a cooperative group setting, and to estimate response, resection rates, relapse patterns, and survival for stage subsets IIIA(N2) vs. IIIB. Biopsy proof of either pos. N2 nodes (IIIAN2) or of N3 nodes or T4 primary lesions (IIIB) was required. Induction was two cycles of cisplatin and etoposide plus concurrent chest RT to 45

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IT Radiotherapy
(chest; concurrent cisplatin and etoposide plus chest radiotherapy followed by surgery for stages IIIA(N2) and IIIB non-small-cell lung cancer)

IT Neoplasm inhibitors
Surgery
(concurrent cisplatin and etoposide plus chest radiotherapy followed by surgery for stages IIIA(N2) and IIIB non-small-cell lung cancer)

IT Lung, neoplasm
(large-cell carcinoma, stage IIIa and IIIb; concurrent cisplatin and etoposide plus chest radiotherapy followed by surgery for stages IIIA(N2) and IIIB non-small-cell lung cancer)

IT 15663-27-1, Cisplatin 33419-42-0, Etoposide
RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(concurrent cisplatin and etoposide plus chest radiotherapy followed by surgery for stages IIIA(N2) and IIIB non-small-cell lung cancer)

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L1 1 S E1
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FILE 'CAPLUS' ENTERED AT 11:14:16 ON 10 JUN 2009
L2 13 S L1
L3 1 S L2 AND (LR OR LOCOREGIONAL OR (LOCO-REGIONAL) OR (LOCAL REGIO
L4 2013 S PEPTIDE VACCINE
L5 6198 S NSCLC
L6 4 S L4 (L) L5
L7 34 S IIIB AND (LR OR LOCOREGIONAL OR (LOCO-REGIONAL) OR (LOCAL REG
L8 11 S L5 AND L7
L9 6 S L8 NOT PY>2003

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DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)	SINCE FILE ENTRY	TOTAL SESSION
CA SUBSCRIBER PRICE	-9.02	-9.02

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